

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mitsuhiro Kashiwabara

Appl. No.:

10/569,002

Filed:

February 15, 2006

Title:

ORGANIC EL DEVICE AND DISPLAY

Art Unit:

2879

Examiner:

Thomas A. Hollweg

Docket No.:

3712174-00518

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10

Sir:

I hereby certify that the following documents relating to the above-identified application:

- 1. Transmittal Form (duplicate);
- 2. Fee Transmittal (duplicate);
- 3. Request for Continued Examination (* page);
- 4. Response to Final Office Action (9 pages); and
- 5. Return Receipt Postcard.

are being deposited with the United States Postal Service with sufficient postage as

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on December 21, 2010.

Respectfully submitted,

K&L GATES LLP

Breanne Osborne

Name of Person Mailing Correspondence

Signature

EM 443517294 US

Express Mail Mailing Label Number

2 1 200 der the Par	cription: Transmitta			Patent and Trollection of info	rademark ormation i	I for use Office; L unless it	PTO/SB/21 (07-09) through 07/31/2012. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.
(Æ/	ANSMITTAL FORM		Filing Date First Named Inventor Art Unit	10/569,002 February 1 Mitsuhiro K	5, 2006		
	all correspondence after initial Pages in This Submission	filing)	Examiner Name Attorney Docket Number	Thomas A. 3712174-0		, ,	
<u> </u>	<u> </u>	ENC	LOSURES (Check ai	ii that apply	·)		
Amendme Af Af Af Extension Express A Information Certified C Documen Reply to I Incomplet	fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority t(s) Wissing Parts/ te Application teply to Missing Parts der 37 CFR 1.52 or 1.53	Remar		Address	37 C 2-Re 3-Re	Appea of App Appea (Appea Proprii Status Other below) rtificate FR 1.10 quest foturn rec	of mailing by express mail under
	SIGNA	TURE C	F APPLICANT, ATTO	ORNEY. C	R AGI	ENT	····
Firm Name Signature	K&L Gates LLP						
Printed name	Thomas C. Basso						
Date	December 21, 2010			Reg. No.	46,541		
	at this correspondence is beas first class mail in an en	eing facsi		TO or depos	ited with		ited States Postal Service with Alexandria, VA 22313-1450 on
Signature	Book	105	me			Date	December 21, 2010

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Total Number of Pages in This Submission		Attorney Docket Number	3712174-00518		`
	ENCL	LOSURES (Check a	ll that apply)		Allowance Communication to TC
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	F F F C C C C Remark		Address	of Appe Appe (Appe Statu Other belov Certificate CFR 1.1 Request Return re	of mailing by express mail under
SIGN	ATURE O	F APPLICANT, ATTO	RNEY, OR A	GENT	¥
Firm Name K&L Gates LLP					
Signature Printed name					· · · · · · · · · · · · · · · · · · ·
Thomas C. Basso Date December 21, 2010	·	. [Reg. No. 46,5	41	
L					
I hereby certify that this correspondence is sufficient postage as first class mail in an ethe date shown below: Signature	being facsin	nile transmitted to the USP dressed to: Commissioner for	O or deposited w	ith the Ui	nited States Postal Service with Alexandria, VA 22313-1450 on

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PTO/SB/17 (10-08)

Approved for use through 09/30/2010. OMB 0651-0032

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FEE TRANSMITTAL For FY 2009

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Applicant claims	small	entity status.	See 37	CFR 1.2	7
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TOTAL AMOUNT OF PAYMENT (\$) 810.00

Complete If Known					
Application Number	10/569,002				
Filing Date	February 15, 2006				
First Named Inventor	Mitsuhiro Kashiwabara				
Examiner Name	Thomas A. Hollweg				
Art Unit	2879				
Attorney Docket No.	3712174-00518				

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METHOD OF PAYMENT (check all that apply)								
	Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-1818 Deposit Account Name: Bell Boyd & Lloyd							
For the above-ident				•	_			
Charge fee(s					•		cept for the filing fee	
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under 37 CFI	R 1.16 and 1	.17			t any overpay			
WARNING: Information on thi information and authorization			dit card infor	mation should n	ot be included	on this form. Pr	ovide credit card	
FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND	EXAMINATION	I FEES			•	····	
•	FILING	FEES	SEARC	H FEES		TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee_(\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270 ·	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FE	ES					Eng (\$)	Small Entity	
Fee Description Each claim over 20 (including F	Peissues)				<u>Fee (\$)</u> 52	<u>Fee (\$)</u> 26	
Each independent cla			sues)			220	110	
Multiple dependent of		(210100218				390	195	
Total Claims	Extra Clair	ms Fee (\$)	Fee F	Paid (\$)		Multiple De	pendent Claims	
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HP = highest number of tota Indep. Claims	l claims paid fi Extra Clair			aid (\$)				
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HP = highest number of inde 3. APPLICATION SIZE		s paid for, if greater	than 3.					
If the specification and	drawings	exceed 100 she	ets of pape	er (excluding e	electronicall	y filed sequer	nce or computer	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 =		/ 50 =		(round up to a v	wnoie numbe	r) x		
4. OTHER FEE(S) Non-English Specifi	cation, \$	130 fee (no sma	ıll entity di	iscount)			Fees Paid (\$)	
Other (e.g., late filin	g surcharge	Request for Co	ontinued Exa	amination			810.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 46,541	Telephone 312-807-4310
Name (Print/Type)	Thomas C. Basso		Date December 21, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Free pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known
V /	Application Number	10/569,002
FEE TRANSMITTAL	Filing Date	February 15, 2006
For FY 2009	First Named Inventor	Mitsuhiro Kashiwabara
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Thomas A. Hollweg
Applicant claims small entity status. See 37 GFR 1.27	· Art Unit	2879
TOTAL AMOUNT OF PAYMENT (\$) 810.00	Attorney Docket No.	3712174-00518

METHOD OF PAYMEN	IT (check al	l that apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-1818 Deposit Account Name: Bell Boyd & Lloyd For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
under 37 CF WARNING: Information on th	R 1.16 and 1			Ш 6,64.	t any overpay ot be included		ovide credit card
Information and authorization	n on PTO-2038	B. ·					
FEE CALCULATION				•			
1. BASIC FILING, SEA	FILING		SEARC	H FEES		TION FEES	,
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
Fee Description Each claim over 20 (2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Small Entity Fee (\$) Fee (\$) 26 210						
Total Claims	Extra Clair	ns Fee (\$)	Foo P	aid (\$)		390 Multiple Dec	195 · pendent Claims
- 20 or HP =		X	= 1.001	<u> </u>		Fee (\$)	Fee Paid (\$)
HP = highest number of tota Indep. Claims - 3 or HP =	el claims paid fo Extra Clair	or, if greater than 20.	Fee Pa	aid (\$)			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 C	FR 1.52(e)), the application	n size fee d	lue is \$270 (\$	\$135 for sma	all entity) for ϵ	each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specifi		•	•	•			Fees Paid (\$)
Other (e.g., late filin	g surcharge	:):Request for Co	ntinued Exa	mination			810.00

SUBMITTED BY	1		
Signature		Registration No. (Attorney/Agent) 46,541	Telephone 312-807-4310
Name (Print/Type)	Thomas C. Basso		Date December 21, 2010

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